



FROM



IMA-E (COMBINATION 2)

Immunizations for Adolescents



Why it Matters

Vaccines help build the body's natural defenses by teaching the immune system how to defend against germs. On-time immunization plays a vital role in protecting children and communities from serious diseases and cancers. Childhood vaccination in the U.S. has been very successful in preventing illness and death from serious diseases such as diphtheria, mumps, and rubella.¹

Additionally, the HPV vaccine can safeguard children and adolescents against more than 90% of HPV cancers when given at recommended ages. Initiating the HPV vaccine series between ages 9 and 12 years old allows for the strongest immune response to the vaccine. Because cancer prevention decreases as the vaccination age increases, it's important to start early.²



Eligible Population

Members who turn 13 years old during the measurement year.



Measure Description

The percentage of adolescents 13 years of age who had the following immunizations completed prior to or on their thirteenth birthday:

- 1 Meningococcal vaccine between ages 10–13.
- 1 Tdap vaccine between ages 10–13.
- Complete HPV series (2–3 doses) between ages 9–13.



Key Tips

- ✓ Introduce the topic of vaccination with the assumption that most parents are planning to accept vaccines. State which vaccines the child/adolescent needs to receive as though you presume that parents are ready to accept them during that visit.
- ✓ If parents are not ready to vaccinate, share your strong vaccine recommendation. Parents consistently rank their child's doctor as their most trusted source for vaccine information.
- ✓ Listen and respond to parents' questions. Address any concerns or common misconceptions about vaccinations.
- ✓ Enter administered vaccinations into the state immunization registry.
- ✓ Consider implementing EMR alerts to flag when immunizations are due.
- ✓ Have prescheduled appointments for vaccines, along with reminders.
- ✓ Schedule the second HPV appointment when giving the first HPV vaccine.
- ✓ Use measure codes listed below when submitting claims to make members compliant by administrative data.

(continued)

✓ Acceptable Documentation

- Notes in the medical record indicating both the name of the vaccine and the date given.
- Parent/caregiver reported vaccines are acceptable if the specific vaccine and date the immunization was administered are documented by the PCP in the member's legal health record.

The following scenarios may also be used for gap closure if there is a note indicating the date of the event, which must have occurred by the member's thirteenth birthday:

- **Tdap:** encephalitis due to the vaccine.
- **All vaccines:** anaphylaxis due to the vaccine.

✗ Not Acceptable Documentation

- Notation that does not clearly show the vaccines were administered ("up to date," "planned," "ordered," "recommended," etc.).
- Noting "Series complete." Specific vaccines and dates administered in the appropriate timeframe for the vaccines are required.
- Parental refusal.

+ Measure Codes

Note: Please reference the NCQA HEDIS Value Set Directory for a full list of codes, including SNOMED CT codes and codes for gap closure through other events (e.g., encephalitis or anaphylaxis).

Meningococcal	Tdap	HPV
CPT: 90619, 90623, 90733, 90734 CVX: 32, 108, 114, 136, 147, 167, 203, 316	CPT: 90715 CVX: 115	CPT: 90649, 90650, 90651 CVX: 62, 118, 137, 165

References

¹CDC: *Reasons to Vaccinate*, [cdc.gov/vaccines-children/reasons/index.html](https://www.cdc.gov/vaccines-children/reasons/index.html)

²American Cancer Society: *Why Age 9? Fact Sheet*

[hpvroundtable.org/wp-content/uploads/2023/05/HPV_Roundtable-HPV_Why_Age_9_Sales_Sheet_WEB.pdf](https://www.hpvroundtable.org/wp-content/uploads/2023/05/HPV_Roundtable-HPV_Why_Age_9_Sales_Sheet_WEB.pdf)